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The Habit

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ALCOHOL AND DRUG ABUSE DIVISION
MONTANA DEPARTMENT OF INSTITUTIONS
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STATE DOCUMENTS COLLECTION

FEB 14 1985

NOVEMBER, DECEMBER, 1984
JANUARY, 1985

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HELENA, MONTANA 59620

The entire A.D.A.D. staff wishes to thank the many Programs and individuals who sent holiday greeting cards. We are sincerely appreciative of your kindness. To all of you, A.D.A.D. wishes the very best for the coming year, and sincerely hopes that your Christmas was all that you had anticipated.

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Of the twenty programs responding to the recent "Habit" questionnaire regarding VCR equipment and computers, the tabulation is as follows:

- 13 programs have VCR equipment.
- 3 programs have VCR equipment available.
- 8 programs have computers.
- 3 programs will have computers soon.

Twenty programs responses constitutes 52% of the total state approved programs, not exactly overwhelming.

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1985 being a legislative year, A.D.A.D. will attempt to compile current information on the status of legislation pertinent to the chemical dependency field. It is also expected that the A.P.M. lobbyist will provide this service to the various programs.

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POULTNEY - TIPS ON PARENT-YOUTH CONFRONTATION

Be calm. Be simple and direct, but don't hedge the issue. Speak to the point. Hysterical, rushed encounters accomplish nothing.

Keep to the facts you know, the things you can be sure of. Do not present yourself as an expert on drugs and alcohol. Your kid may have a lot more facts than you. And remember: this is a confrontation about an unacceptable behavior, not a debate.

Keep on the subject and be specific. Talk about the drinking or drug abuse and the specific ways it has affected your child's behavior. Do not take this time to go into the many reasons why today's youth are contributing to the downfall of western civilization.

Stay objective and keep to the issue - the drinking. It's alright to show your feelings, but anger should be directed at the behavior, not the person.

Never confront a person when he/she is still under the influence. Just make an appointment for a later, sober time and make sure there's a follow-up.

Be prepared for promises, excuses, and counter-accusations. If you drink, smoke, or use other drugs, you will be accused of setting a bad example. ARE YOU A BAD EXAMPLE? Is it fair to force a kid to get straight while a parent continues to deny and make excuses for being a bad example?

Maybe the whole family needs treatment.

Tony Morgan
Substance Abuse Intervention Specialist
802/773-5876
Poultney Chemical People Newsletter
Red Garrapy, Editor

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BABYSITTERS

A concern expressed by many young people is that parents who entrust the care of their children to a sitter be aware that the sitter is someone else's child.

Please don't come home after a party and expect your sitter to be driven by a drunk driver. Just because you only had a cocktail or two, wine with dinner and a few drinks before coming home, please realize that you are responsible to that sitter and his/her parents, to see that he/she is delivered home safely. Many young people are uncomfortable confronting adults, particularly an employer, on this emotional issue.

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THANKS TO N.C.A. FOR THE FOLLOWING INFORMATION

International Council
Youth Drawing Competition

Young people ages 12 through 16 are invited to enter a world-wide poster drawing competition sponsored by the International Council on Alcohol and Addictions (ICAA), Case Postale 140, 1001 Lausanne, Switzerland. National winners will be exhibited at the 34th International Congress on Alcohol and Drug Dependence, in Calgary, Alberta, Canada, in August of 1985 and cash prizes of from \$100.00 to \$300.00 will be announced.

"Health through Friendship", is the general theme of the ICAA contest, intended to focus the attention of adolescents on developing health, alcohol, and drug-free lifestyles and additional prizes are offered in the U. S. for winners under age 12. Information about the U.S. competition may be obtained from:

ICAA
American Foundation
P. O. Box 489
Locust Valley, NY 11560
516/676-1802

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CERTIFIED SINCE LAST HABIT PUBLICATION

| | |
|-------------------|-------------------------------|
| Clisty Burekhard | Chemical Dependency Counselor |
| Jean McCauley | Chemical Dependency Counselor |
| Rose Donahoe | Chemical Dependency Counselor |
| Margie Hollis | Chemical Dependency Counselor |
| Joyce Commbe | Prevention/Education |
| Frances Wetzel | Chemical Dependency Counselor |
| Jim Jensen | Chemical Dependency Counselor |
| James Riley | Chemical Dependency Counselor |
| Merlin Greenfield | Chemical Dependency Counselor |
| Anne Benson | Chemical Dependency Counselor |
| Cindy Higdem | Chemical Dependency Counselor |
| Diana Pollari | Chemical Dependency Counselor |
| Robert Clarkson | Chemical Dependency Counselor |
| Mary V. White | Chemical Dependency Counselor |
| Elizabeth Hayden | Chemical Dependency Counselor |
| Ronald Anderson | Chemical Dependency Counselor |
| Meredith Connor | Chemical Dependency Counselor |
| Tom McGloin | Chemical Dependency Counselor |
| Meg Steinman | Chemical Dependency Counselor |
| James Beckman | Chemical Dependency Counselor |
| Bob Adkins | Chemical Dependency Counselor |
| Dennis Byrnes | Chemical Dependency Counselor |
| Don Warren | Chemical Dependency Counselor |

Total number certified to date - 302

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DID YOU KNOW?....Alcohol consumption in United States exceeds 35 gallons a year for every man, woman and child....In "Facts About Alcohol," National Institute of Alcoholism and Alcohol Abuse (NIAAA) also reveals that 3.3 million teenagers are alcoholics.

From "Pulse Beats"
Nov. 1984

President Reagan signed into law (PL-98-509) the Alcohol Abuse, Drug Abuse and Mental Health Amendments of 1984 (S-2303), reauthorizing the alcohol, drug abuse and mental health services (ADMS) block grant and the discrete program authorities of NIAAA and NIDA.

Enactment of the bill, signed by the President Oct. 19 without comment, was the biggest plus scored by field interests in the second, wind-up session of the 98th Congress which otherwise was a mixed bag of victories, defeats, stand-offs and inaction.

One of the most significant pieces of legislation became law last summer when the President signed the Highway Safety Amendments (HR 4616) designed to achieve a national legal drinking age of 21 by withholding portions of the giant highway trust fund from non-complying states (AR, July 31). Congress also raised the tax on distilled spirits for the first time in more than 30 years (AR, June 30).

Provisions for alcoholism and drug abuse treatment for victims and abusers were contained in a family violence assistance bill passed late in the session and signed by the President Oct. 9 (PL-98-457).

The appropriations for the federal alcoholism and drug abuse efforts furnished modest increases this fiscal year for the ADMS block grant and the research authorities for NIAAA and NIDA -- but the final funding amounts were well below the authorized levels contained in the renewal bill. Moreover, the biggest gains were scored by mental health. The National Institute of Mental Health received substantial increases for research, and were accorded funding for clinical training, which Congress for the third year in a row declined to give NIAAA and NIDA.

On the downside, Congress refused to extend the Veterans Administration's pilot authority to furnish community-based care for alcohol and drug dependent veterans, leaving it up to the 99th Congress in January to renew the demonstration before it expires next September. And the President jolted the Native American alcoholism community by vetoing the Indian Health Care Amendments, which would have established an Office of Alcohol and Drug Abuse in the Indian Health Service and provided a \$6 million Indian juvenile alcohol and drug abuse prevention program.

Despite a vigorous lobbying effort by field groups in coordination with mental health interests, no action was taken on legislation designed to restore the benefits lost when the Office of Personnel Management and Blue Cross-Blue Shield slashed coverage for federal employees in 1982. Bills to reinstate the lost alcoholism inpatient benefit and restore cuts in outpatient coverage received hearing on House and Senate sides, but died with the adjournment of Congress.

From "The Alcoholism Report"
Johnson Institute
Oct. 1984

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PREVENTION STRATEGY FOR RURAL AREA: People For Drug-Free Youth, Mishicut, Wisconsin, put together excellent series of discussion programs, bringing together many people in community. Weekly radio programs were sponsored by local FM station and Manitowoc County Support Group. Topics for discussion covered wide variety of drug-related issues and possible responses. Materials for informed discussion were also distributed. (This is a good example of how a group can use "the power to set the agenda" as an effective lever for educating and motivating a community to take action.) For more details contact: Ramona Peronto, 13916 Circle Drive, Mishicut, WI 54228. Phone 414/755-2425....It's a low-cost program that can also be used in larger communities.

NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) recommended against treatment programs for drunken drivers, especially repeat offenders, in place of license revocations....NTSB said government, police, judges and treatment programs are still falling "far short" of protecting public from 27,000 alcohol-related vehicle deaths a year.

From "Pulse Beats"
Nov. 1984

President Reagan vetoed legislation Oct. 19 which would have established an Office of Alcohol and Drug Abuse within the Indian Health Service (IHS), authorized a four-year \$6 million training and education program to combat Indian juvenile alcohol and drug abuse, and conditionally elevate IHS to agency status in the Public Health Service (PHS).

The vetoed bill (S-2166), which Congress completed action on Oct. 4, was the product of a joint conference committee compromising differences between House and Senate versions (AR, Sept. 28). The Administration had opposed both the elevation of IHS from a bureau within the Health Resources and Services Administration (HRSA) to co-equal agency status, and the juvenile alcohol and drug program -- both contained in the House bill and absent in the Senate-passed version.

The conference agreement retained the creation of the IHS Alcohol and Drug Abuse Office, the juvenile alcohol and drug prevention program, and compromised on the bureaucratic elevation of IHS by delaying its implementation for 410 days during which time a commission would study the reorganization. If the Commission -- made up of three members appointed by the House Speaker, three by the Senate president pro tem, and one by HHS -- had found that the elevated status would enhance health services to Indians, the reorganization would become effective immediately; if not, implementation would be delayed another six months to give Congress time to repeal the provision.

In his memorandum of disapproval, Mr. Reagan said he "fully supported the intent and objectives" of the legislation, but expressed his belief that the bill was "seriously deficient in fulfilling those goals." Among other things, he said the mechanism established for elevating IHS was "unconstitutional and can have no legal effect." He said the Justice Department advised him that "Congress may not constitutionally delegate to a congressionally appointed body (such as the proposed Commission), the legislative authority to determine when legislation will take effect."

The President made no direct allusions to juvenile alcohol and drug provisions or the establishment of the Office of Alcohol and Drug Abuse within IHS other than to say that the bill would "unnecessarily and wastefully change the organization of the IHS" and would "place increased emphasis on services that are not oriented toward the primary mission of the IHS."³

Mr. Reagan said his veto would have "no adverse impact on the delivery of health services to Indians living on or near a reservation" because the Snyder Act of 1955 provides "all necessary authority for such services." Citing achievements of the IHS over the years, he pointed to decreases in infant mortality, death rates from pneumonia, and tuberculosis mortality.

The vetoed bill would have given statutory status to an Alcohol and Drug Abuse Office, with minimum assignment of eight full-time positions at IHS headquarters and one position to each Service Area and Program Office. It would have authorized an annual \$1.5 million over the next four years to provide training in alcohol and drug abuse prevention and counseling for elementary and secondary teachers and counselors in Bureau of Indian Affairs schools, and public schools on or near Indian reservations.

According to Congressional staff, the veto leaves in jeopardy IHS programs, including alcohol and drug abuse services, to urban Indians who were embraced by the Indian Health Care Improvement Act of 1976 (PL 94-437) (AR, Nov. 8, '76). That law provided for the transfer of NIAAA-funded Indian projects to IHS, including some in non-reservation areas. The Snyder Act, cited by Mr. Reagan, authorizes programs in or near reservations. Funds are included in the catch-all continuing resolution this fiscal year for urban Indian IHS programs, but the Administration conceivably could withhold funding on grounds the programs are no longer authorized, according to one staffer. It was pointed out that the Administration in past years has submitted zero requests for urban Indian programs.

From "The Alcoholism Report"
Johnson Institute
Oct. 1984

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CATHOLIC U. S. BISHOPS requesting that alcoholic priests who've participated in a recovery program be permitted to use unfermented grape juice rather than consecrated wine for celebrating Mass. (Beginning in 1974, these priests were allowed to use grape juice, but last September Vatican said no new permissions would be granted. Archbishop Edward O'Meara of Indianapolis has written to Rome seeking a reversal of ruling.)

From "Pulse Beats"
Nov. 1984

1983 SALES: THE STATS ARE IN

A slow and chilly December knocked beer sales down 15% from 1982 levels for the same month, and wiped out most of the gains in beer volume which had been posted to that point. Wine shipments showed a pattern of inventory buildup in November (up 100,000 liters) rather than in December (down 70,000 liters). Annual wine sales in the open sector, as indicated by wholesalers' taxes, were up less than one percent, or about 8,000 cases.

Liters - open sector - 1982: 5,081,292
 Liters - open sector - 1983: 5,089,387

Here are the actual numbers.

Annual Malt Beverage Shipments, by Supplier

| Brewer/Importer | 1983 Barrels | Percentage of Total | 1982 Barrels |
|---------------------|-----------------|------------------------|-----------------|
| Anheuser-Busch | 138,014.00 | 16.94 | 135,708.86 |
| Adolph Coors | 79,699.06 | 9.78 | 74,222.47 |
| General Brewing | 27,902.69 | 3.42 | 39,607.11 |
| F. Heileman Brewing | 228,054.28 | 27.99 | 198,982.11 |
| Miller Brewing | 115,528.44 | 14.18 | 114,377.97 |
| Olympia | --- | | 173,074.50 |
| Pabst | --- | | 44,479.60 |
| New Pabst Brewing | 185,575.12 | 22.77 | --- |
| Stroh Brewery | 33,857.92 | 4.16 | 28,541.92 |
| Others Reporting | 5,241.78 | .64 | 3,109.65 |
| Molsons (estimated) | 1,016.12 | .12 | --- |
| TOTALS | 814,889.41 | 100.00 | 812,896.19 |

Annual table wine shipments; leading suppliers' shares:

| Winery | State (totals in liters) | Open | Total | Percentage of Combined |
|-----------------|-----------------------------|-----------|-----------|---------------------------|
| Almaden | 34,854 | 362,844 | 397,698 | 7.08 |
| Banfi | 13,806 | 403,761 | 417,567 | 7.44 |
| Christian Bros. | 20,913 | 52,302 | 73,215 | 1.30 |
| E & J Gallo | 178,130 | 1,955,743 | 2,133,873 | 38.00 |
| Jos. Garneau | 35,650 | 487,749 | 523,399 | 9.32 |
| Heublein (U.V.) | 22,062 | 365,690 | 387,752 | 6.91 |
| Seagram | 75,672 | 300,951 | 376,623 | 6.71 |
| Sebastiani | 3,969 | 105,862 | 109,831 | 1.96 |
| Wine Spectrum | 17,984 | 179,720 | 197,704 | 3.52 |
| Others | 122,477 | 874,765 | 997,212 | 17.76 |
| TOTALS | 525,487 | 5,089,387 | 5,614,874 | 100.00 |

From: Montana Beer and Wine
 Wholesalers Association
 Newsletter

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FORMER DENVER BRONCO FOOTBALL PLAYER OTIS ARMSTRONG was indicted by a Denver grand jury for illegally obtaining large amounts of a powerful and addictive pain-killing drug....Armstrong said he takes average of 8 to 10 Percodan tablets a day, as well as other medication to get rid of his pain. The usual adult dosage of Percodan, an opium derivative, is one tablet every six hours, according to a standard medical text on prescription drugs....Indictment said he received prescriptions from nine different doctors for nearly 1,500 narcotic pills between October 1983 and last April. It alleged he concealed from each doctor that he had received drugs from other physicians. Such misrepresentation is a felony, punishable by up to two years in prison. Although he wasn't arrested, he was ordered to appear in Denver District Court.

From: "Pulse Beats"
 Nov. 1984

Cocaine

Cocaine is one of the most reinforcing of the drugs of abuse. Most clinicians estimate that approximately 10 percent of the people who begin to use the drug socially will go on to serious, heavy use. An individual cannot predict or control the extent to which he or she will use the drug. Cocaine used at high doses and/or chronically can have toxic effects. Cocaine overdose deaths are a result of physiological seizures followed by respiratory arrest and coma, or sometimes by cardiac arrest. The scientific evidence does not suggest that cocaine produces physical dependency - defined as a characteristic pattern of withdrawal symptoms after discontinuation of use. However, cocaine is a powerful psychological reinforcer. Profound psychological dependence to cocaine and compulsive drug-seeking behavior can result from heavy or continuous use at relatively high dosages. In summary, most scientists agree that cocaine is an extremely dangerous drug. Occasional use can lead to heavy, uncontrollable use of the drug.

Marijuana

Marijuana should also be considered a highly toxic substance. Acute intoxication with marijuana interferes with many aspects of mental functioning and has serious acute effects on perception and skilled performance, such as driving and other complex tasks involving judgment or fine motor skills.

Among the known or suspected chronic effects of marijuana use are:

1. Short-term memory impairment and slowness of learning
2. Impaired lung function similar to that found in cigarette smokers (indications are that more serious effects, such as cancer and other lung diseases, follow extended use)
3. Decreased sperm count and sperm motility
4. Interference with ovulation and pre-natal development
5. Impaired immune response
6. Possible adverse effects on heart function
7. By-products of marijuana remaining in body fat for several weeks, with unknown consequences. (The storage of these by-products increases the possibilities for chronic as well as residual effects on performance, even after the acute reaction to the drug has worn off.)

- National Institute on Drug Abuse

For more information on cocaine and marijuana, write to:

National Council on Drug Abuse Information
P. O. Box 416
Kensington, MD 20795

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MARIJUANA AND FATHERHOOD

A developing fetus may suffer greater harm from the marijuana use of its father than from that of its mother, says Dr. Susan L. Dalterio, research assistant professor of pharmacology at the University of Texas Health Science Center at San Antonio, Texas. For the last ten years Dr. Dalterio has been conducting research with laboratory mice on the effects of marijuana on the reproductive system.

In an interview published in the November 1984 issue of LISTEN magazine, Dr. Dalterio discusses some of the effects of marijuana on the offspring of animals treated with cannabinoids. For example, male mice that had been so treated had significant problems in making female pregnant. Of those pregnancies that did occur, many of the young died either before birth or shortly after. Tests of the surviving male offspring showed them to have the same problems as their fathers. "When we looked at the chromosomes in the testes of both fathers and sons, we found abnormal chromosomes and birth defects in the third generation," said Dr. Dalterio.

Since there are no third-generation offspring of human marijuana users available for testing, predicting what will happen to humans is still uncertain. Dr. Dalterio says that effects similar to those observed in mice are very likely, though, since some of the effects being studied were first noticed in humans. "I think we've shown a reasonable amount of evidence to urge strongly that the father's input be considered in terms of drug exposure."

From: "Listen"
Oct. 1984

CURBS URGED ON DRUG PRODUCERS

Diplomatic screws must be tightened even more in drug producing countries if the flow of drugs to the United States is to be curbed, members of a Congressional committee have declared.

A report by the House of Representatives select committee on narcotic abuse and control, headed by Democratic Representative Charles Rangel, said production in most producer countries has increased despite US counter-efforts. Representative Rangel said the government must enforce legislation passed last year which requires the president to suspend economic and military aid to countries not taking steps to eradicate drug crops.

The report was prepared following extensive visits by committee members to both South America and Asia.

It said large amounts of heroin are entering the US from Pakistan, Thailand, Italy, and Mexico.

About 75% of cocaine comes from Colombia, manufactured from coca paste smuggled there from Peru and Bolivia. Up to 60,000 tons of marijuana enters the US yearly from Colombia, Jamaica, and Mexico; about 2,000 tons is grown domestically.

From: "The Journal"
Toronto, Ont. Nov. 1984

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US rose growers protest

COCAINE SENT IN WITH FLOWERS

When is a Colombian rose more than a rose, and when does it not smell as sweet by any other name? When it is used to smuggle cocaine.

United States rose growers have asked the government to take action because so much cocaine is smuggled in cut flower shipments from Colombia and, they claim, blooms are being dumped on the market for a pittance.

The US Department of Commerce, while not saying anything about cocaine, acknowledged earlier this year that roses from Colombia are being dumped on the market at below market prices.

Lawyers for Roses, Inc. a trade association, said in a petition filed with the Department of Commerce and the International Trade Commission that, during the working week, up to six planes a night arrive in Miami with cut flowers from Colombia. It is impossible for US customs to check every box.

The roses are sold at ridiculously low prices because the real purpose of the shipments is to bring in cocaine and traffickers are not even interested in covering the cost of shipment.

"The ever-rising flood of exports of fresh cut flowers, including roses, from Colombia to the United States is an imperative to sustain the rising flood of cocaine from Colombia into the United States," the petition adds.

A lawyer representing Colombian flower exporters said the cocaine smuggling charges were false.

From: "The Journal"
Toronto, Ont. Nov. 1984

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BEER FOR THE YOUNG

A candy company may be trying to attract a new generation of drinkers in Australia with jellied candy that looks and tastes like beer. The jellies - shaped like a pint glass and with white frothy heads and "beer" written on them - have been popular on a trial run. Plans call for 60 tons to be sent to Australia soon, reports the newsletter of the Alcoholic Liquor Advisory Council of New Zealand.

From: "The Journal"
Toronto, Ont. Nov. 1984

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JIMSON WEED ABUSE SERIOUS

Jimson weed abuse should be considered as a potentially serious form of substance abuse in adolescents and young adults, two Baltimore researchers have concluded. Wendy Klein-Schwartz, PharmD, and Gary Oderda, PharmD, chronicled 73 cases of jimson weed exposure reported to the regional Maryland Poison Center, from 1978 to 1982. The mean age of the subjects was 17.3 years with a range of 11 to 28 years, and the male-female ratio was 5.4:1. In almost all cases the exposure was attributed to drug abuse or experimentation and the drug was taken orally, with visual and/or auditory hallucinations the most frequently reported symptoms. The majority (81%) of patients in the study group required medical care, including attempts to minimize absorption of the jimson weed from the gastrointestinal (GI) tract in 30 cases, and treatment with physostigmine in 23 cases, primarily because of severe hallucinations. "Abuse of jimson weed should be considered in adolescent patients with the acute onset of hallucinations and other anticholinergic symptoms," the report concluded. The researchers said overdose cases should be managed by providing supportive care and gastro-intestinal decontamination. Physostigmine should be given only in cases of serious intoxication, because of the potential for toxic reactions.

From: American Journal of Diseases
in Children,
August, 1984

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PUBLIC IS WEAK SOLDIER IN DRINKING/DRIVING WAR

Single minded determination to reduce driver mortality and morbidity is the key to controlling the alcohol factor in drinking and driving.

Robert Borkenstein, BSc, professor emeritus of forensic studies and director for Law Studies in Action, Indiana University, Bloomington, Indiana, told the 1st North American Conference on Alcohol and Highway Safety here that public support is the weakest link in attacking the drinking and driving problem.

"What we perceive as low-level action against the drunk driver is probably a direct result of public attitudes and (lack of) support," he said.

People can be informed, and laws can be enforced, and fear can, for a while, change behavior. "But, when we fail to change attitudes, regression is bound to occur," he said.

Prof Borkenstein said control of the alcohol factor will not be accomplished until everyone - "scientists, automobile manufacturers, government agencies, and the general public" - looks at the problem with only one objective, the reduction of driver mortality and morbidity.

The conference was sponsored by the Alcoholic Beverage Medical Research Foundation at the Johns Hopkins Medical Institutions here. The foundation is supported by the Brewers Association of Canada and the United States Brewers Association.

From: "The Journal"
Toronto, Ont.
Nov. 1984

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DRUG ABUSE TREATMENT at Betty Ford Center, Rancho Mirage, CA, costs \$6,000 for a minimum stay of four weeks, according to Parade, a magazine supplement distributed by many of the nation's Sunday newspapers.

FOOD AND DRINKING

Some foods can drive you to drink. Sugar-laden goods, red meat and coffee may increase your desire for alcoholic drinks.

This may be especially true if you tend to drink heavily, says the author of a new book, *Eating Right to Live Sober*.

Dr. Ann Mueller, of the Milam Recovery Center in Seattle, says her work with 3,000 alcoholics over the past 10 years has convinced her that overloading on candies, chocolate, sugary desserts, red meat and junk food increases the desire to drink.

That's because heavy drinkers suffer from a milder form of the same biochemical abnormality found in alcoholics, Mueller says. That abnormality also appears to cause sugar metabolism disturbances that lead alcoholics and heavy drinkers to experience wild mood swings in blood sugar levels, appetite and mood.

"There is no question that diet plays a role in alcoholism. Eating certain kinds of foods can set an alcoholic off, start them drinking. I think it's reasonable to assume that this happens to non-alcoholics as well," says Mueller.

Coffee also may spur heavy alcohol use. Caffeine is a potent stimulant that disrupts normal metabolism, decreases the intake of healthier foods, and increases craving for sugar and alcohol.

She has pioneered a dietary treatment for alcoholics that she says dramatically improves their recovery and rehabilitation. It involves:

- Cutting out coffee, chocolate, refined sugars and most processed foods, including canned fruits and vegetables;
- Reducing salt intake;
- Eating less red meat, but more fish and chicken;
- Eating small, high-protein meals with moderate amounts of starches.

From: Monday Morning Report
January 16, 1984

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A LIST OF ENTERTAINMENT CELEBRITIES who've died prematurely from misuse of drugs and alcohol reads like a "Who's Who" of music and film. Like the old adage that a picture says a thousand words, this list speaks for itself and say volumes:

Brian Jones, 26, Rolling Stones, drowned in July 1969 while under influence of liquor and drugs; Jimi Hendrix, 27, died in September 1970 from choking after an overdose of sleeping pills; Janis Joplin, 27, died in October 1970 from heroin overdose; Jim Morrison, 27, The Doors, a heavy drinker, died of apparent heart attack and drug overdose; Keith Moon, 32, drummer with The Who, died of drug overdose in September 1978; Sid Vicious, 21, Sex Pistols, died in February 1979 of heroin overdose; John Bonham, 32, Led Zeppelin, choked to death after drinking binge in September 1980; John Belushi, 33, Saturday Night Live, died of drug overdose in March 1982; Dennis Wilson, 42, Beach Boys, drowned after drinking in December 1983.

From: Pulse Beats
Nov. 1984

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CHANGES

Douglas Settles - Director of Shodair Adolescent Program - Helena

Bruce Midgett - Director, Ravalli County Chemical Dependency Services - Hamilton

Cathy Shena - Director, Lake County Chemical Dependency Program - Polson

Dennis Maercklein - Acting Director, Alcohol Service Center of Lincoln, Sanders, Mineral Counties - Libby

Robert Escarcega - Director, Fort Belknap Tribes Alcohol Program - Harlem

Grace Larson - Counselor, Chemical Dependency Services, Inc., - Forsyth

John Harper - Counselor, Alcohol & Drug Services of Central Montana, Inc. - Harlowton

Greg Wonnacott - Director - Alcohol Services of Central Montana, Inc. - Lewistown

Effective in February, Beaverhead and Madison Counties will join the Park County Alcohol and Drug Program located in Livingston. Meagher County is presently a part of the multi-county program.

When changes occur in your program counseling staff, don't forget to submit, with your month end reports, the "Employment Status Report".

LOSSES

Retired - Royce Gilbertson, long time Director of the Alcohol Service Center of Lincoln/Sanders/Mineral counties at Libby.

Died - Leonard "Andy" Anderson, Director of the Alcohol and Drug Services of Central Montana, Inc. at Lewistown.

These two outstanding personalities in the chemical dependency field will be missed not only by the Alcohol and Drug Abuse Division, but by everyone who had occasion to come in contact with them.

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CURRENT DATA

Although alcohol is the major drug of abuse in Montana, treatment statistics reveal that the state also has a serious multi-drug problem. Twenty per cent of the clients admitted to state-approved chemical dependency programs since July 1, 1983, had a primary problem with drugs other than alcohol, 44% had a secondary drug problem and 17% had a tertiary problem with drugs other than alcohol.

There are currently 38 state-approved chemical dependency programs in the state with outpatient services provided in all counties. Since July 1, 1983, state-approved programs have reported 16,900 first admissions; 8,505 or 50% were primary clients, 3,299 or 20% were family members clients and 5,096 or 30% were DUI court school clients. Because of stronger DUI legislation adopted during the last legislative session DUI court school admissions have nearly doubled in two years.

Since July 1, 1983, 50% of all chemical dependency clients admitted to state-approved programs have completed treatment. Of those clients completing treatment 54% were contacted six months after discharge; of those clients contacted, 77% reported total abstinence and 57% were employed.

AND BY WAY OF COMPARISON

From July 1981 to June 30, 1983, there were 15,337 admissions to state approved alcohol and drug treatment programs. Approximately 68% or 10,429 were primary alcohol and drug clients, 12% or 1,840 were family members and 20% or 3,067 were Montana Court School (DUI) clients.

According to 1981 statistics published by the department 53% of all clients admitted to state approved programs complete treatment. 58% of the clients who complete treatment were contacted 6 months after treatment and 77% reported abstinence and 56% reported employment.

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ANNOUNCING A MAJOR DRUG/ALCOHOL PREVENTION PROGRAM
FOR YOUNG ADOLESCENTS AND THEIR FAMILIES

Lions Clubs International and comedian and educator Bill Cosby have joined with The Quest National Center of Columbus, Ohio, in developing an unprecedented drug and alcohol prevention program for sixth to eighth grade students and their families.

Built on the most recent research and developed by a team of 57 nationally known educators, writers and experts on young teens, the Skills For Adolescence program focuses on such skills as decision making and goal setting, while increasing teens' self esteem and resistance to negative peer pressure. When it comes to drug and alcohol information, the underlying theme of the one semester school program is to help students learn to live drug-free lifestyles.

Bill Cosby, who has a doctorate degree in education and has been a national leader in positive youth development since the 1960's, wrote the first chapter that appears in the Skills For Adolescence student textbook, a lively collection of informational readings and short stories coordinated with the units of study in the curriculum. Well known writers Peggy Mann and Dr. Charlie W. Shedd have also written chapters in the textbook.

Lions involvement means that the program will have a strong base of community support. Bert Mason, President of Lions Clubs International, believes "A primary benefit of Skills For Adolescence is that it helps to strengthen family relationships. Here's a program we can get our teeth into and be proud of."

For more information call 1-800-446-2700

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PCP RESURGENCE, COCAINE TABS CONFOUNDING US DRUG EXPERTS

A major resurgence of phencyclidine [PCP] use in several United States cities, and the appearance of cocaine-loaded gelatin tablets intended for young people, are two major worries of US drug abuse officials.

William Pollin, director of the US National Institute on Drug Abuse [NIDA], told the annual conference here of the Alcohol and Drug Problems Association of North America that Washington, Los Angeles, and New York are among the cities where PCP use is again rampant.

The majority of admissions in the past five months to St. Elizabeth's, the federal mental hospital in the District of Columbia, have been because of acute psychotic episodes related to PCP use.

[The drug was found in 65 people who died traumatic deaths in 1983, District of Columbia officials have said, compared with 15 in 1982. Although known nation-wide as "angel dust," in Washington, PCP is called also "the key to St. E's" and "Hinckley," because one of the patients at the hospital is John Hinckley, the man who shot President Reagan.]

There is no real explanation for such random outbreaks of drug use, Dr. Pollin said. "We're not able to find any of the social or cultural factors that can explain in any conceptual way why these kinds of outbreaks with different drugs occur specifically. We know they do occur, and they will continue to occur."

Dr. Pollin later noted that PCP, like inhalants, can give users "the biggest bang for the buck," and economic factors could play a part in the use of such drugs.

As for cocaine, he said, a most disturbing factor is that "we are hearing of a new pattern of distribution of gelatin capsules filled with cocaine and selling for about \$10 a capsule. There could be a whole new range of users in school age kids."

In some parts of the country, the price of cocaine has dropped to about \$40 a gram.

Dr. Pollin added: "We don't know at present if the continued increase in clinical problems associated with cocaine represents the predictable five-year-later consequences of the substantial dramatic peak of marijuana use in 1979 - 1980; or, whether it represents a breakthrough regarding prevalence into a really new expansion of cocaine use."

The idea that this is a predictable late stage sequence of peak marijuana use is consistent with studies which have shown the best single predictor of heavy cocaine use among people in their twenties is heavy, early marijuana use. Other studies have shown a five year gap between the first use of cocaine and the appearance of serious medical problems.

From: "The Journal"

Toronto, Ont. Nov. 1984

RESEARCHERS ARE IGNORING "PATHOLOGICAL GAMBLING"

Pathological gambling is a common and devastating disorder, estimated to affect between one million and three million people in the United States.

"Science has recognized pathological gambling as a diagnostic entity, but it is neglected in terms of research," says Robert D. Linden of Harvard Medical School, Mailman Research Center, and McLean Hospital, Belmont, Massachusetts.

"Pathological gambling has been viewed variously as an indication of personality disorder, a disorder related to substance abuse, or, more recently, as a variant of affective disorder," Dr. Linden reported here to the American Psychiatric Association annual meeting.

Family studies suggest a link between pathological gambling and affective disorders. To date, only one study has tested these hypotheses. To further investigate this possible relationship, Dr. Linden - assisted by Drs. Jeffrey M. Jones and Harrison G. Pope - performed a pilot study of the phenomenology and family history of 15 pathological gamblers.

The 15 subjects were recruited from Gamblers Anonymous (GA), all volunteered, and all met established psychiatric criteria (DSM-III) for pathological gamblers.

All subjects were male, and aged 34 to 70 years. Six had received outpatient treatment for psychiatric illness. Thirteen were married, and two divorced.

The time since they had last gambled was from one week to 16 years; years in GA ranged from 1.5 to 23 years. At the time they stopped gambling, indebtedness was between \$1,700 and \$1,500,000; nine subjects had debts of more than \$39,000.

All subjects received three separate interviews, including reviews of family history and psychiatric illness.

Interpretation of the results is limited by the small sample size and uncertainty about whether the sample was representative, Dr. Linden said. However, it was noted that the phenomenological data favor a relationship between pathological gambling and major affective disorder.

Some 87% of subjects reported at least one episode of major depression, and 53% displayed either recurrent episodes of major depression, or bipolar disorder. Other disorders which may be the affective spectrum, such as panic disorder and obsessive/compulsive disorder, were also present in the sample.

Dr. Linden said further studies, particularly of active gamblers, are needed to characterize the nature of pathological gambling and assess the contribution of major affective illness to this disorder.

From: "The Journal"
Toronto, Ont. Nov. 1984

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NATIONWIDE

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ATT: National Convention
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